

NORTH CAROLINA DEPARTMENT OF TRANSPORTATION
DIVISION OF HIGHWAYS
N.C. Hearne Straightedge Summary

Project No.: _____ Route: _____ Division: _____

Type Mix: _____ Lane: _____ Profile Location: _____

Paving Contractor _____ S.E. Operator _____

Date	T.S. #	Beg. Station No.	End. Station No.	S.E.I.	0.4" Dev.	Retest SEI	Comments
	1						
	2						
	3						
	4						
	5						
	6						
	7						
	8						
	9						
	10						
	11						
	12						
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	14						
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	17						
	18						
	19						
	20						
	21						
	22						
	23						
	24						
	25						

C.S.I. _____ C.S.I. _____

Note 1:

Resident Engineer to furnish gold copy to M&T Unit upon completion of Federal Aid Projects only.

***Note 2:**

Contractor Must be notified by letter of any Pay Adjustments or Corrective Actions.

*Print Name Legibly: _____

*Evaluators Signature: _____

*BY PROVIDING THIS DATA UNDER MY SIGNATURE AND/OR HICAMS NUMBER, I ATTEST TO THE ACCURACY AND VALIDITY OF OF THE DATA CONTAINED ON THIS FORM AND CERTIFY THAT NO DELIBERATE MISREPRESENTATION OF TEST RESULTS, IN ANY MANNER, HAS OCCURRED.

CC:

White: Resident Engineer

Yellow: Pavement Construction Engineer

Pink: Division Engineer

Gold: Resident Engineer(See Note 1)

Resident/District Engineers Certification

Check One Block

\$300 Incentive ☐

\$100 Incentive ☐

Acceptable ☐

*\$300 Disincentive ☐

*\$600 Disincentive ☐

*Unacceptable/Correction Required ☐

Resident/District Engineer: _____

Remarks: _____